

SUMMER ACADEMY 2017: Billeting Application



PLEASE PRINT

STUDENT NAME: _____

ADDRESS: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

BIRTHDATE (YY/MM/DD): _____

HOME PHONE: _____ WORK PHONE _____

CELL PHONE: _____

EMAIL ADDRESS: _____

**PLEASE ANSWER THE FOLLOWING QUESTIONS AS COMPLETELY AS POSSIBLE
SO WE CAN BEST MATCH YOU WITH A HOST FAMILY.**

Summer Academy Attending: _____

Dates Accommodation Needed (if different from academy): _____

Preferred host family (if applicable): _____

Please indicate any sensitivities to:

Smoke Dogs Cats Other _____

List any food allergies:

Please supply any other information you think might be relevant to providing the best billet/host family match:

FEE: \$25 per day x _____ days = TOTAL: \$ _____

Once you have been assigned a host family, a VCM representative will contact you to arrange payment.

You will be contacted with confirmation details.

Where possible we will match students and host families who are participating in the same academy.

Billeting fees (\$25/day) are remitted in full, as VCM tuition credits, to the host families.

NOTE: Billeting is only available to students 19 and under.

Students over 19 are encouraged to contact us for accommodation suggestions.

Downtown Office Hours:

Monday-Friday: 8:30am-8:00pm

Saturday: 9:00am-4:00pm

Billet Applications may be returned to:

Kolina Ecklin

Assistant to the Registrar
ecklin@vcm.bc.ca

T: 250.386.5311 ext 1002

900 Johnson Street

Victoria, BC V8V 3N4

Phone: 250.386.5311

Fax: 250.386.6602

vcm.bc.ca

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Billeting Release and Liability Waiver

I am the parent/legal guardian of _____,
who is participating in the VCM Summer Academy.

I acknowledge that the Victoria Conservatory of Music :

- i. will not be responsible for my child or his/her actions while billeting in Victoria
- ii. will not be monitoring or overseeing my child's activities outside program hours

I do hereby release and discharge the Victoria Conservatory of Music, its Board of Directors, staff and faculty from any liability for any loss, damage, injury or expense that may result while my child is billeting for purposes of this program in the Victoria area.

Name (print): _____

Date: _____

Signature: _____